



Roadmap to Health

Palestinian Workers in Israel's Construction Sector

A report by Kav LaOved 2022

קו לעובד
Worker's Hotline
عنوان العامل

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Introduction

1. Israeli work permit quotas regulate the employment of West Bank Palestinians in Israel. These workers live in an area that has been controlled by Israel since 1967¹. Over 50 years of occupation have resulted in the Palestinian economy's dependence on the Israeli economy, which has caused stress and hardship among Palestinian workers and created conditions that foster worker exploitation. Employment in Israel offers workers a higher income than they can attain in the West Bank (2.3 times higher)². The need to support their families leads many who are educated to forgo finding work in their profession in the Palestinian Authority and instead look for employment in those sectors open to them in Israel, particularly the construction, agriculture, and industry sectors. The unequal power balance makes it impossible for many workers to consider other, less dangerous, employment options—until they get hurt at work.
2. As of June 2022, the Israeli permit quota for Palestinian workers stood at 120,000³. Of these, according to a February 2022 report by the Israeli Occupational Safety and Health Administration, approximately 80,000 permits are held by West Bank Palestinians employed in the construction sector⁴. Palestinian workers employed in Israel not only support their nuclear family, but often their extended family too. Their income is also key for the overall economic stability of the West Bank as workers with permits bring in about NIS 41 million a day to the West Bank⁵. Thousands of Palestinian workers are forced to buy work permits for employment in Israel through intermediaries⁶. Others buy permits designated for special needs or a permit to enter settlements and work on the territory of Israel without a work permit.
3. As of September 2022, 18 checkpoints operate in the West Bank⁷. These are the official crossing points between the West Bank and Israel. However, not all of them are open to Palestinians (some are open only for vehicles, some only for goods), and some of them open relatively late in the morning (5:00 am, for example) so workers are already lined up at checkpoints as early as 3:00 am, waiting for them to open.

1 This document uses masculine language but is addressed to all genders (for Hebrew version). The full content of the document represents the positions of Kav LaOved and not those of the various people who were interviewed for the purpose of this research.

2 ILO, [The situation of workers of the occupied Arab territories](#), Report of the Director-General - Appendix 2021, paragraph 67 .

3 According to media reports, see: <https://www.ynet.co.il/news/article/hy11apa8fc> (read on 8/14/2022)

4 Letter of the Occupational Safety and Health Administration, "Notice of the start of a Palestinian workers training pilot following Government Resolution 189", dated 2/24/2022.

5 Office of the United Nations Special Coordinator for the Middle East Peace Process (UNSCO), [Report to the Ad-Hoc Liaison Committee](#), 10 May 2022. On page 8, the report mentions that about 153 thousand Palestinian workers from the West Bank earn an average of NIS 269 per day.

6 For more detailed information on the illegal trade in work permits, please see KLO's [report](#) on employment conditions facing Palestinian workers.

7 List of West Bank crossings, updated to June 7, 2020.

A Palestinian worker cannot apply for a work permit in Israel, only an employer can do so through the Population Authority. A 2020 reform allowed Palestinian work permit holders in the construction sector to switch to a new employer up to 60 days after ending employment at their previous place of work. However, this reform has not been properly implemented⁸, and there is no oversight or enforcement on the part of Israeli authorities to ensure that Palestinian workers do not have to pay brokerage fees to locate an employer with an available permit in his quota.

4. Palestinians working in Israel are entitled to compensation for a work injury or illness (whether due to an accident or to an occupational disease). In 2019, out of 115,725 West Bank Palestinians working in Israel (in all sectors), 1.1% (1,249 workers) had received injury compensation⁹, compared to 1.7% of workers residents of Israel. However, the number of Palestinian receiving compensation is likely much lower than the actual number of victims¹⁰. According to Israel's National Insurance Institute (Bituach Leumi), accurate figures regarding Palestinian workers are probably lacking due to underreporting. Their assumption is that the level of safety is lower in other places and the actual harm to workers is higher¹¹.

Methodology:

- We conducted a survey among Palestinian construction workers entering Israel from the West Bank using a questionnaire of 38 questions in Arabic. A total of 256 construction workers responded to the survey in the months May-June 2022.
- **All survey respondents were Palestinian construction workers** above the age of 30: 40% were aged 31-45; 42% were aged 46-55; 18% were aged 56 or older. Among the respondents 74.9% were married; 14.5% were separated or divorced; 10.6% were widowed. Twenty percent of survey respondents have worked in Israel for 1-5 years, 50.4% 6-10 years, 12% 11-15 years and 18% 16 years or more¹².
- A group of Palestinian activists, mostly women, formed the steering group for KLO's mapping process. The group was involved in the formulation of survey questions and offered suggestions for developing the survey over the course of five meetings in which issues of Israeli law regarding occupational health were also discussed.
- Six semi-structured interviews with individual Palestinian workers took place in Hebron, Bethlehem, and Jerusalem during May-June 2022.

8 [Kav LaOved report](#), "Situation Report: Developments and reform in the employment conditions of Palestinians in Israel", April 2021.

9 [Bituach Leumi Report](#) of 2019 (no date specified, accessed on 7/31/2022), p. 7.

10 Knesset Research and Data Center report, "Mapping work safety and occupational health data", dated 12/26/2021, p. 20.

11 [Bituach Leumi Report](#) 2019 (no date specified, accessed on 7/31/2022), p. 6.

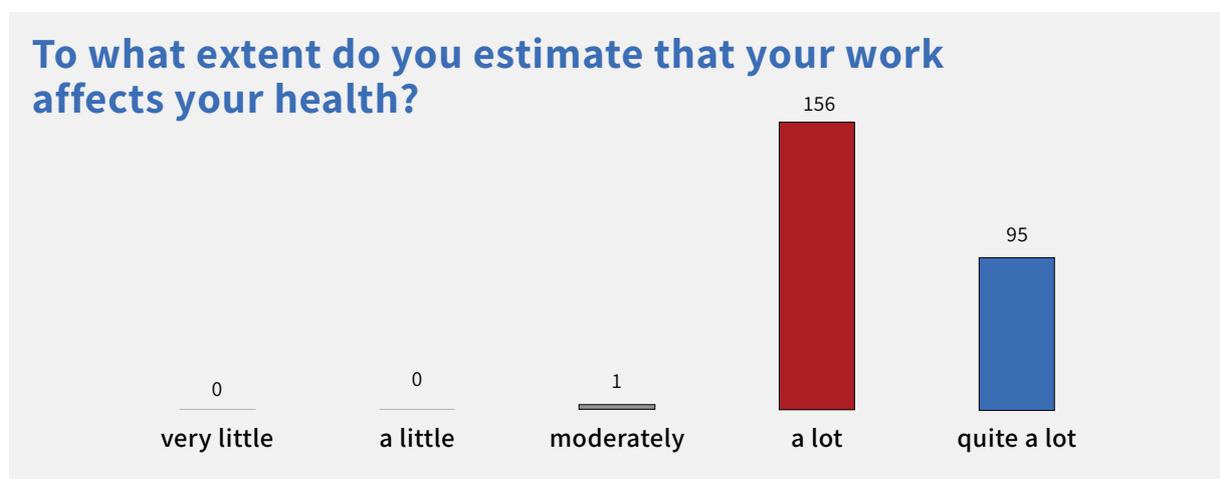
12 Eligibility for a work permit is determined according to these procedures. In the construction sector the criterion is "age 22 married."

- A focus group comprising six construction workers was held in Tulkarem in June 2022.
- Five interviews with Israeli stakeholders and experts in the field of occupational health were held in May-June 2022. These included a former senior official in the Safety Administration, a senior occupational physician, an occupational psychologist, a representative of the Institute for Occupational Safety and Hygiene, and a construction site foreman. At the request of some of the interviewees, names are not identified in this report.

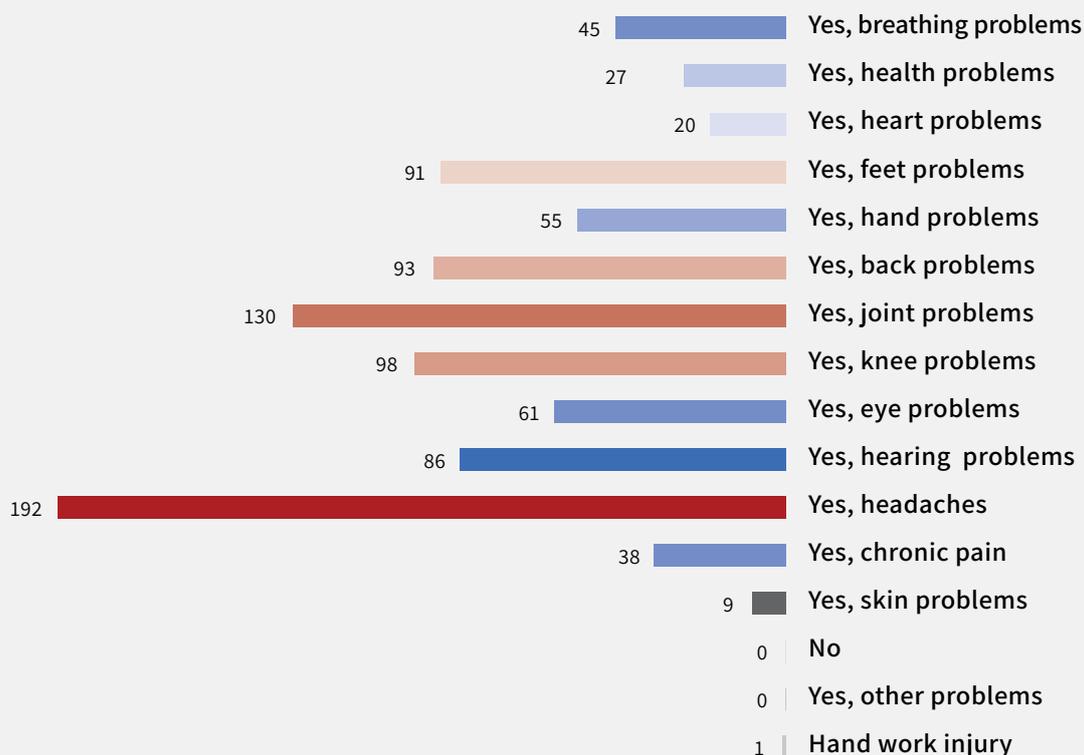
Findings from KLO surveys, interviews, and the focus group with workers point to a complex picture in which many Palestinian workers are only partially aware of the physical and mental health risk factors they face and are not aware of the possible specific consequences of these risks to their health. In the following chapters we outline the physical and mental health risk factors Palestinian workers face in the construction sector as revealed through interviews with these workers and Israeli occupational health professionals. The picture that emerges is clear: almost every construction worker is exposed to risk factors to some degree.

Chapter I: Mapping Physical and Environmental Risk Factors

Almost all (99.6%) of survey respondents described their work as dangerous. More than 90% (91.4%), noted the possibility of supporting their family through work in Israel as a positive aspect of their work. At the same time, however, workers pointed to negative aspects of working in Israel, linking their health problems to their work. Among survey respondents, 61.9% indicated that working in Israel has impacted their health **a lot**, and 37.7% said that it has impacted their health **quite a lot**. None of the respondents answered that work in Israel has had little impact on their health.



In your opinion, is your health damaged because of your work directly or indirectly? (You can mark more than one answer)



As can be seen in the graph above, **all** respondents answered that their physical health has been directly or indirectly harmed by working in Israel and reported suffering from the following problems: headaches (75%); joint problems (50.8%);knee pain (38.3%); back problems (36.3%);leg problems (35.5%); eye problems (23.8%); hand problems (21.5%); breathing problems (17.6%); other health conditions (10.5%); chronic pain (14.8%); heart problems (7.8%); skin problems (3.5%).

The Israel Institute for Occupational Safety and Hygiene identifies five groups or categories of risk factors, four of which affect the physical health of construction workers, as outlined in the following sections below.

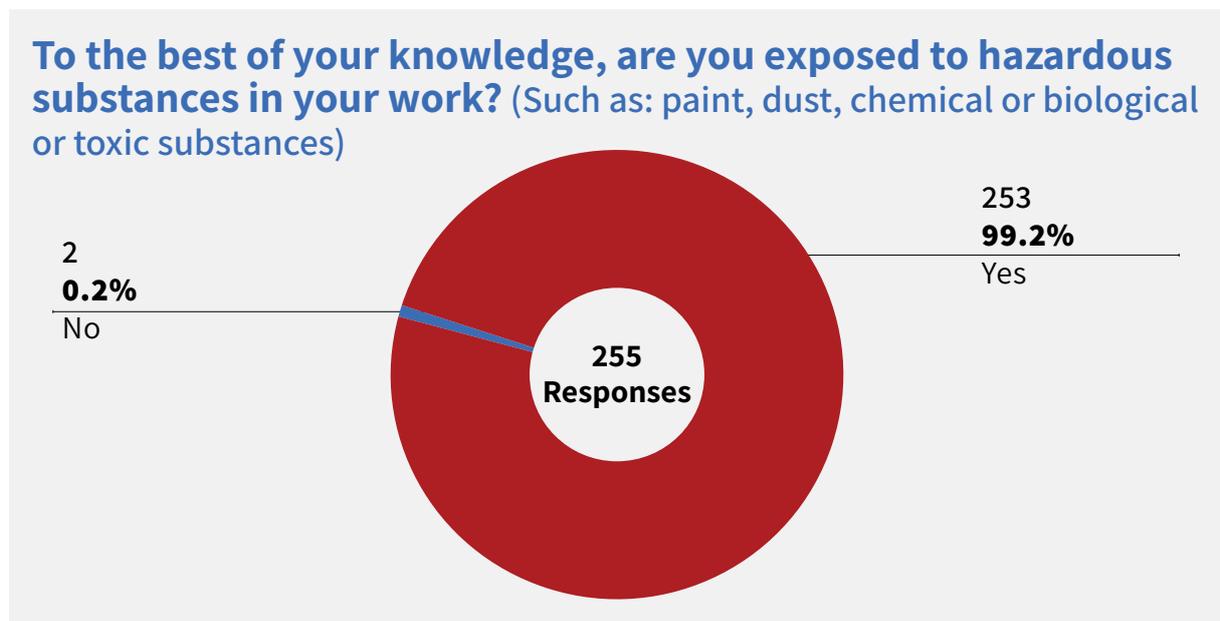
A. Chemical Substances

Chemical substances can be categorized in different ways, including: permitted level of exposure, composition, effect on an exposed individual, and substances and their byproducts. An accepted classification system in the field of occupational hygiene organizes chemical substances based on how they should be handled. Some sample substances include the following:

- **Cement.** May cause irritation to the skin, hands, and respiratory tract.
- **Silica.** Found in sand and gravel and present in all construction work, such as grinding, sanding, and cutting stone. Workers exposed to silica without appropriate protective equipment are at risk of lung disease.

- **Lime.** Caustic substance which may cause skin or eye irritation upon contact.
- **Glues.** Adhesive substances usually comprising organic polymers and solvents that also produce vapors. Exposure can include breathing in vapors, skin contact, and ingestion that may affect body systems (e.g., respiratory system). Glues also contain organic and inorganic additives that may affect body systems. The longer the exposure, the greater the risk to a worker’s health.
- **Wood.** Wood dust from sawing or sanding may be harmful to the eyes, nose, and throat, and can cause dermatitis, respiratory problems, and cancer. In addition, plywood contains potentially dangerous resins and glues, like formalin.
- **Paint.** Contains various pigments, binders, solvents, extenders, and additives. Exposure when spray painting or applying paint with a brush may harm a worker’s respiratory system. The type of tools workers use affects the degree of exposure. Working in a ventilated place reduces risks, but construction work can occur in settings with poor ventilation. Painting for example, is done indoors as well as outdoors.
- **Plastic.** Construction work usually involves the use of plastic, and health risks arise when it is sawn or heated, processes which release harmful substances.

In the survey results below, 99.2% of respondents reported being aware of exposure to hazardous substances at work (e.g., paint, dust as well as chemical, biological or toxic substances).



In interviews, workers most frequently mentioned the difficulty they had working in dusty conditions and the effect of dust on their respiratory system, without identifying which dangerous substances were contained in the dust. Dust exposure was reported from plaster work, sawing and other tasks. For example, **interviewee 5**, who works as a painter, said that he does not smell well and has sinus problems, clarifying **“yes, it’s from the dust at work.”** **Interviewee 1**, who is employed in paint and plaster work, said:

“When I sand and there is dust, I feel that my chest closes. If I move away from the dust, it returns to normal. It is a common situation and I figured it out myself [the effect of dust on my health]. [...] All our work consists of joint compound sanding and that causes a lot of dust, and the dust gives us a lot of problems. As a result, we started using masks. Something new also happened at work: we started using a sander with a vacuum that sucked the dust, so the dust doesn’t come out anymore.”

According to a **former senior official in the Safety Administration**, the cleaning materials that workers use after cement and paint work are also dangerous because they contain active chemical substances. The workers we interviewed who work with paint complained about the effect of solvents on their respiratory system. They differentiated between different types of paint such as water-based paint or oil-based paint, for example. This issue was raised by **interviewee 5** and participants in the focus group, who talked about the use of harmful chemical substances such as “fire water” (sulphuric acid), thinner and acetone when cleaning tile flooring and doing finishing work in a building. Inhaling these substances causes severe headaches and respiratory problems. **Interviewee 5** said that “[I] **had to go into the hospital in Bethlehem as a result of the thinner**” because it affected his blood pressure.

We also found that workers’ knowledge of paint and other substances and how to deal with the impact on their health when using them was based on their direct experience with these substances, or from searching for information on YouTube. **Interviewee 1** said:

“Paint has a very nasty smell that causes headaches and complications, it’s all chemical substances [...] There are some kinds of paint that cause skin allergies and have a very bad effect on the hands. [...] Also the eyes, but we got used to it. [...] with experience over time. I already know that a certain type of paint has a very strong smell, another causes irritation on the hands [skin allergy]. [...] There are paints like oil paints which have a strong smell, like paint thinners, it’s a material that has a very strong smell. If a person uses it without a mask, he will get a headache. For example, if you work in a closed area where there is no ventilation, it is very problematic. The smell of other types of paints has less of an effect on me than oil paints. [...] There are other paints that cause hand [skin] problems, paints that are very difficult to remove from the hands, so they require using thinning material and this material is problematic, this is a very big problem, and the thinner is known to be a combustible material [flammable material] and to cause irritation on the hands.”

Interviewee 5 also said that he gets information about working with paint and plaster, as well as about the dangers of working with these substances, through YouTube videos: **“Life has taught me [about safety] I learned through YouTube [...] I am an educated person, and will I not pay attention to my health?!”** He is aware that there are dangerous substances in paints, that residents should not be at home during painting, that the space must be ventilated, and that there are paints that affect children and give them asthma, **“I learned all these things not in an orderly way, but through YouTube.”**

Interviewee 2 said that he has had to visit an ophthalmologist every now and then after getting paint in his eye:

“I wear protective glasses, but sometimes when I mix paint and I don’t wear glasses, paint can get into my eye, and it burns and causes scratches inside the eye. In the last four months, this has happened twice [...] the glasses are not comfortable, because dust can form on them, or they can be foggy inside and it’s hard to work with them.”

B. Physical Risk Factors:

1. Noise

Continuous noise, impact noise or high noise levels such as that caused by a demolition hammer may damage a worker’s hearing. The Prevention of Hazards Law, 1961, and its related regulations, address noise intensity in decibels allowed on construction sites. Even when employers follow legal requirements and provide protective equipment, protection of workers’ hearing may still be deficient due to the lack of proper training and instruction, or failure to use the equipment provided. Employers do not instruct workers how to use earplugs correctly or how to take care of protective equipment. For example, noise cancelling headphones should be kept in special packaging so that they do not get damaged and lose their efficacy.

Interviewee 2 said that his hearing was damaged due to many years of work in construction using grinders and demolition hammers. He was not aware of restrictions on noise decibel levels. **“My hearing is weak because I work with the grinder. [...] I feel the deterioration in my hearing more now, it’s because of the work with grinders and demolition hammers.”** **Interviewee 2** said that he is given earplugs at work, but they are uncomfortable: **“We are always given earplugs, sometimes I use them and sometimes I don’t because they press, and it puts pressure [on the head] and it’s uncomfortable.”**

Similar opinions on the use of earplugs while working with demolition hammers were shared in the focus group. One of the participants said that the use of earplugs causes **“pressure**

in the head.” Another worker replied, **“you must use earplugs for a limited period and then rest, you cannot keep them on all the time because that is what creates pressure in the head.”** The worker who uses demolition hammers and grinders replied to him **“That’s true, but not when there are managers [foremen] who pressure you. If the contractor arrives and sees me resting [because of the earplugs] what will I tell him? [...] that I took off the earplugs because I must rest? He will say “Who told you that?” He will disregard what I say, I will say something, and he will twist my words.”**

2. Vibration

Tools which cause hand-arm vibration (HAV), such as drills, certain hammers, electric screwdrivers, saws, or things that cause whole-body vibration (WBV), such as tractors and trucks, may also damage workers’ health. Hand-arm vibration may lead to inflammation and damage to the blood vessels and nerves in the palm, while whole-body vibration can damage the spine and cause disc herniation. Interviewees working with these tools or vehicles did not link them to the back pain, disc herniation or joint problems they suffer from, but did link these complications to general working conditions in the construction sector as well as to carrying heavy objects and fatigue. For example, **interviewee 6**, who works with heavy power tools, stated that he suffers from joint and back problems, which, in his opinion, stem from working conditions associated with tile installation. A **representative of the Israel Institute for Occupational Safety and Hygiene** believes that it may be difficult to determine whether damage to the back and joints is caused by vibration or incorrect body posture accompanied by strain in floor tile installation (ergonomic risk factor, as detailed in section IV below). Back injuries, when working with power tools, are more the result of whole-body vibration than of hand-arm vibration, but incorrect body posture can also contribute to back injuries.

3. Work in Extreme Weather Conditions

During the summer, construction workers work many hours outdoors, which may lead to heat stroke. There is an indirect reference to this issue in legislation, but there are no specific regulations for “extreme weather” conditions. The Occupational Safety Regulations (Working at Height), 2007, provide that working at height in extreme weather conditions shall only be carried out in accordance with the written safety instructions given by the contractor on site. In addition, intense heat is included under the category of harmful factors in the Occupational Safety Regulations (Environmental and biological monitoring of working with harmful risk factors, 2011).

4. UV and Infrared Radiation

Construction work mainly involves exposure to non-ionizing radiation. UV radiation largely comes from sun exposure and can cause cellular mutations, and, as a result, cancers such as skin cancer. Workers can also be exposed to infrared radiation (heat radiation) from the sun or from radiators, which can cause heat stroke.

C. Biological Risk Factors

According to a **representative of the Israel Institute for Occupational Safety and Hygiene**, there is no inherent aspect in construction work that leads to increased exposure to biological risk.

D. Ergonomic Risk Factors

Construction work may cause many musculoskeletal problems and deformities because of the combination of awkward postures, stationary positions, forceful motion and direct pressure. There are several causes for these problems:

- **Repetitive motion** when a worker repeats the same motion throughout the day;
- **Excessive muscle activation and pulling**, which may cause inflammation in the musculoskeletal system. If not treated, inflammation can cause impairment and even disability;
- **Awkward postures combined with vibration**, such as working in strained or difficult positions and postures, especially in combination with vibration; and
- **Heavy lifting and prolonged bending**, which endangers the health of workers.

All the above factors can cause carpal tunnel syndrome, back pain, and joint problems. **Interviewee 1** complained of pain in the tendon of his right arm due to repetitive motions he makes while painting and said that he also suffers from back and knee problems due to working on a ladder and walking with the ladder:

“[I have] problems with my knee joints, and, because of prolonged standing, I have problems with my back. Perhaps because of drywall work, I developed a pain in the tendon here [he points to his right arm]. I use pain medication, and it goes away. Sometimes it hurts more, sometimes less, it depends on the situation. [...] [Work] day after [work] day, it causes [medical] complications. Our work relies on ladders and moving on ladders, lifting drywall. This causes [medical] problems in the hands, [medical] problems in the back, and so on. As time goes by, problems get more complicated and become even more complex.”

When we asked **interviewee 1** why he did not comply with the doctor’s request to rest and let his hand heal by giving it a break from repetitive motion, he answered: “**I can’t! It’s very difficult to sit and rest. I got injections twice, and medicines and things like that, elastic bands. I try not to put pressure on it [the arm] much, but it is very difficult not to put pressure on it, our whole work relies on the arm.**”

Interviewee 2 reported back problems due to lifting heavy objects. He underwent surgery for a hernia on the right side and will soon have to undergo a second surgery for a hernia

on the left side. This is how he described his situation: “When you lift a 20 or 25 kg bag and climb stairs it is very difficult [...] I have a problem with the cartilage in my back [...] I have a hernia both on the right and the left sides [of my body] because of lifting heavy things. I had surgery on the right side, now I have to undergo surgery on the left side. Every night I take pain medication to sleep. And even at work I take pain medication because of pain in my joints and knees.”

Chapter II: Mapping Psychosocial Risk Factors

The fifth category of risk factors is that of psychosocial risk factors. It includes a variety of psychological, social, and family-related factors that affect a worker’s functioning and cause illnesses and other health problems. These factors influence a worker’s ability to deal with the demands of his family, community or even workplace¹³, and they have short and long-term effects on a worker’s mental and physical health.

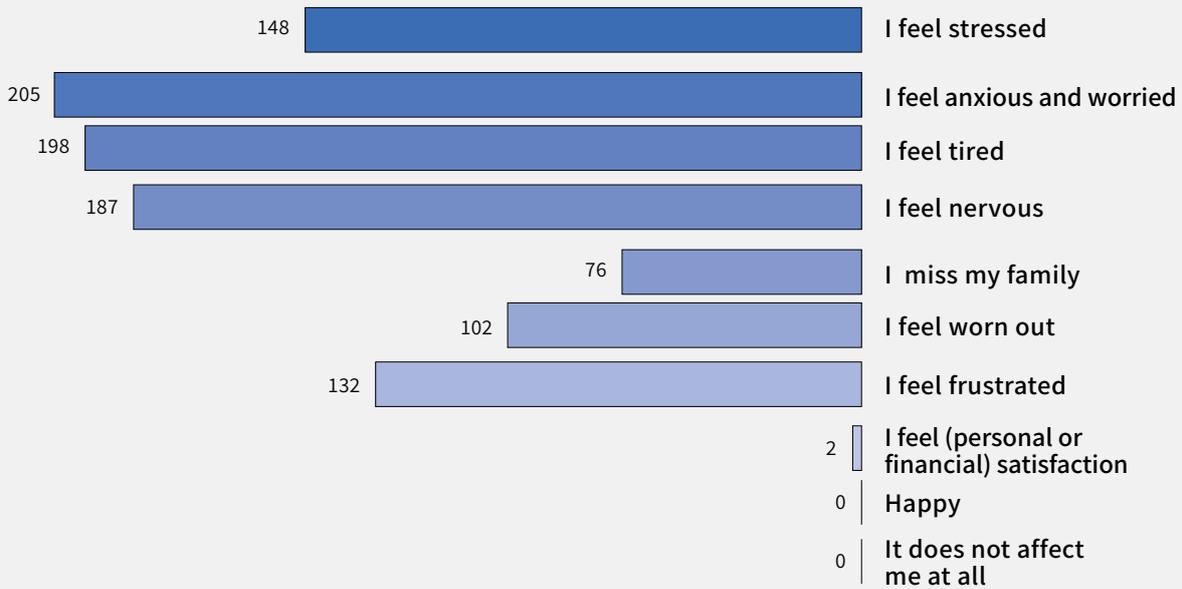
Experts with whom KLO spoke identified such factors as stressful situations and life events that are not directly related to the workplace (for example, prolonged standing at checkpoints, payment of brokerage fees, social pressure, work-home conflict, or employment model), as well as factors that directly affect someone’s work environment (e.g., dangerous conditions, significant time pressure, institutional barriers, unfair treatment by an employer, long working hours, burnout). According to an **occupational psychologist** KLO interviewed, “the mind-body connection is not something new, many physical illnesses are linked to mental illnesses.”

Our survey showed that working in Israel has a negative effect on the mood and mental state of workers¹⁴: among respondents 84.7% reported that they are anxious and worried after work, 81.8% that they are tired, 77.3% nervous, 61.2% stressed, 54.5% frustrated, 42.1% worn out, and 31.4% miss their family. Only 0.8% said they felt emotional or financial satisfaction. Not one of the 256 survey respondents—or the interviewees or focus group participants—reported feeling happy. Instead, they reported feeling stressed and anxious.

13 The Gartner Institute for Epidemiology and Health Policy Research Ltd., Faculty of Medicine, Tel Aviv University, accessed on 7/31/2022.

14 In the survey and in the workers’ interviews, the expressions “mood” and “mental state” were used interchangeably for language and cultural reasons.

How would you describe the effect of working in Israel on your mood? (You can mark more than one answer)



Survey findings showed an overall sense of feeling down among workers. Survey answers showed that the overall mental state of Palestinian workers employed in the Israeli construction sector is poor. Among respondents, 41.3% reported that their workplace (directly or indirectly) negatively affected their mood **to a very large extent**, 55.8% responded that their mood was negatively affected **to a large extent**, and only 2.9% responded that their mood was negatively affected to a **moderate extent**.

Some of the risks identified below are unique to Palestinian workers, and some are typical of other workers too, but the manifestation and degree of impact among Palestinian workers is unusual.

A. Economic Dependence

Salaries in the West Bank are much lower than those in Israel. In addition, Palestinian workers deal with a constant fear regarding the consequences of losing their job—if they are fired or are absent due to illness or a work accident, they may also lose their work permit. The interviews and focus group we conducted indicated that some workers in the construction sector have academic degrees, but choose construction work due to a dearth of other rewarding employment options as well as the higher wages in Israel, which allow them to survive financially and provide for their family.

For example, **interviewee 5** said that he almost finished his degree in accounting, but stopped because of financial circumstances, and said he **“is not interested in continuing [the degree] because salaries are low [in the PA]—about NIS 2,500 a month.”** **Interviewee 1** holds a bachelor’s degree in economics and business administration but prefers to work in Israel in construction. **“There is work in my field [in the PA territories], but there is no money. [...]. Salaries are not**

enough for [setting up] a house and supporting your family. The salary would not even be enough for my personal needs, let alone covering expenses for a house and a family. So, I cut the road short.”

Many workers report a work culture in which money coming in daily is the most important factor, not permanent, long-term employment and the accumulation of social rights. From interviews and the focus group, it appears that some workers are willing to buy a work permit, despite the likely violation of their future rights (e.g., unemployment benefits, severance pay, and pension), to feel independent and in control of their destiny, and, above all, to receive a higher daily wage than they would get with a proper job and a legal work permit. Workers reported that they feel worthy, valued and that they are professionals who can ask for adequate compensation for the work they do. **“Why would I work with a permanent employer - I would get a quarter of what I can get in a day,”** said one focus group participant. Interviewee 5 stated that **“the contractor will take my money. If [the job pays] 600 or 650 NIS a day, he will give me only 400 NIS.”** The interviewee emphasized that he does not trust that his employer will provide him with his social rights in any case.

B. Brokerage Fees

Another stressor is the obligatory payment of high monthly brokerage fees to middlemen in order to secure employment in Israel. An occupational physician we interviewed identified economic extortion by employers or permit dealers as another factor that affects the mental health of workers.

In surveys we conducted, about half of the 256 respondents reported that they pay brokerage fees to obtain work permits. Of these, 81% reported that they pay between 2,000 and 3,000 NIS per month, 16.5% pay 1,000 to 2,000 NIS per month, and 1.7% said they even pay 3,000 to 4,000 NIS per month. They stated that buying a work permit eases transitioning from one employer to another if they feel that their current employer does not respect them or their rights and that purchasing the permit gives them more bargaining power regarding wages. For example, interviewee 1 who buys his permit said: **“The issue of the permit plays a role here. This is a permit I bought at my own expense. If I don’t like the contractor, I can leave him. If he yells at me or behaves poorly, I will not continue working with him and I will go look for another contractor.”** Interviewee 5 echoed this, **“If someone even thinks of insulting me, I will immediately leave. The most important thing is my honor.”** Interviewee 3 said **“There is no good contractor in terms of salary. In my current situation, I am self-employed, [so] I go to a workplace, give a quote, for a flooring job for example, and I get the price I want.”**

However, despite a sense of independence, worker interviews showed that those who buy a permit are under enormous pressure to continue working even when they are sick and that they are always preoccupied with finding a job. They are in perennial survival mode because if they don’t work, they won’t be able to pay their monthly payment to the broker and won’t be able to support their family¹⁵.

15 Translator’s note: Workers who cannot pay their monthly brokerage fees usually see their permits revoked.

Interviewee 1 said:

“I have an obligation—I pay about NIS 120 a day for my permit, [and] I have to pay for it whether I work or not. You have to go out [to work] no matter what your situation is. The man from whom I got the permit will not sympathize with me at the end of the month, he will tell me to bring the money - the payment for the permit. He won’t understand that I got sick or that I had a certain situation at home ... He understands only one thing—he wants his money at the end of the month.

Yes, yes, it’s a problem. And it’s a big problem. [...] I do not always work continuous jobs. Sometimes we don’t work every day. We get a job for a period of one month and finish it, then our contractor has no other jobs so we are without work for a week. There is not always work, sometimes one can look for work for two or three weeks. It is stressful because you have to look for another job.

Our biggest concern is the issue of the permit. All our work is in Israel because there is no work here [in the West Bank] ... If I don’t work inside [Israel] then I’m in trouble. [...] I must pay NIS 120 every day for the permit, whether I work or not, so imagine that you sit without work for a week or two and then the week after that comes and you have to pay for the permit! Also, there are children at home and they have needs—this one wants this, and that one wants that and that one wants to go there, or needs clothes—this causes stress. [...] I feel stressed and anxious when there is no work. One can’t even sleep because of the stress. You are constantly thinking about what you will do, and how you will manage to get things, where you will go and where you will return from. In the end it causes a lot of stress.”

Workers who pay brokerage fees are aware that there is a danger they will not receive all their rights if they are injured at work. However, from our interviews it emerged that there is an “agreement” between permit brokers and Palestinian workers such that when a worker purchases their permit, they are able to obtain Form 250, which enables them to report a work accident and apply for social security benefits. For example, **interviewee 6**, who bought a work permit, was seriously injured in a work accident in Israel. He called the middleman with whom he was working, and he immediately sent him Form 250 with which he was able to receive treatment in Israel. In retrospect, the interviewee said that he would have preferred to work through an employer in an orderly fashion rather than with the middle man connected to the permit he bought. The compensation he received for his disability was fairly low because the salary reported on the form sent to him was much lower than his actual salary.

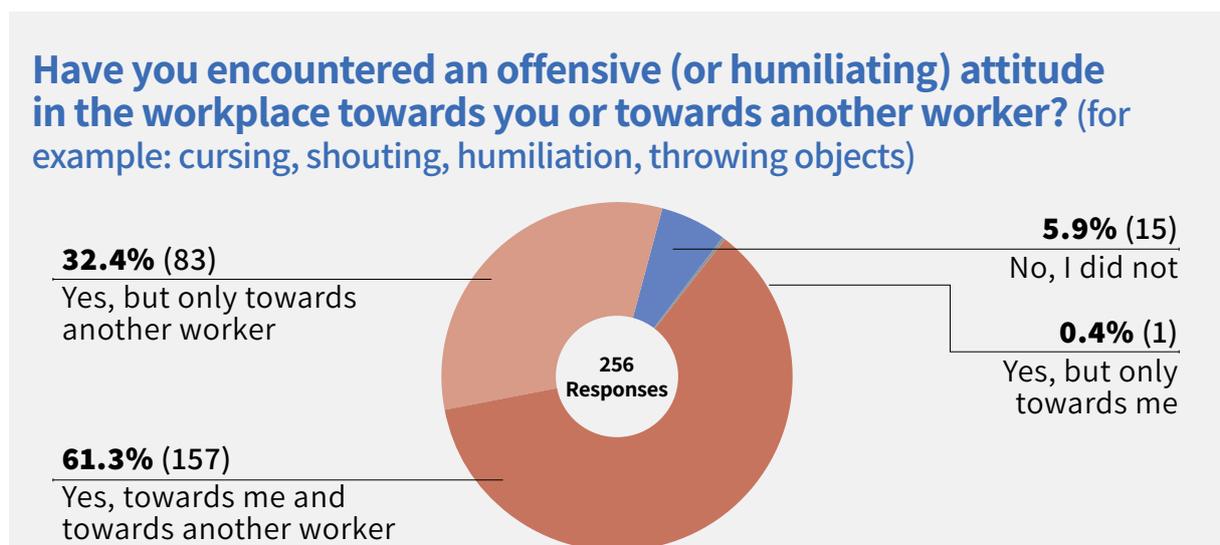
C. Treatment by Employers

According to the Israel Institute for Occupational Safety and Hygiene’s representative with whom we spoke, the work environment facing Palestinian workers in the construction sector is intrinsically stressful. They face constant time pressure and must deliver assigned tasks in compliance with a workplan. They have little control, work long hours, and have the built-in stress of working in a dangerous environment.

In the focus group meeting, it emerged that workers are pressured by foremen and contractors to finish work according to tight schedules, which do not allow for rest or working in a manner that mitigates the dangers they face. This constant stress affects workers mentally and physically. They feel they have no choice but to meet expectations and schedules, even at the cost of not complying with safety rules or regulations. Interviewee 6 stated that **“the employer didn’t really give me [safety] training. The most important thing from the employer’s point of view is that the work gets done.”**

During the focus group meeting, the need for taking breaks when using pneumatic hammers arose, but workers felt they cannot rest because the contractor will use this against them and possibly sanction them. A hostile work environment that includes bullying, conflicts, or a sense of distrust between co-workers also escalates workers’ stress levels.

The theme of abusive treatment on the job emerged clearly in the surveys: Some 61.3% of respondents indicated that they had encountered offensive behavior (e.g., cursing, shouting, humiliation, throwing objects) towards them or someone else at work; 32.4% encountered such behavior, but only towards another worker; and 5.9% had not encountered offensive behavior in their work environment.

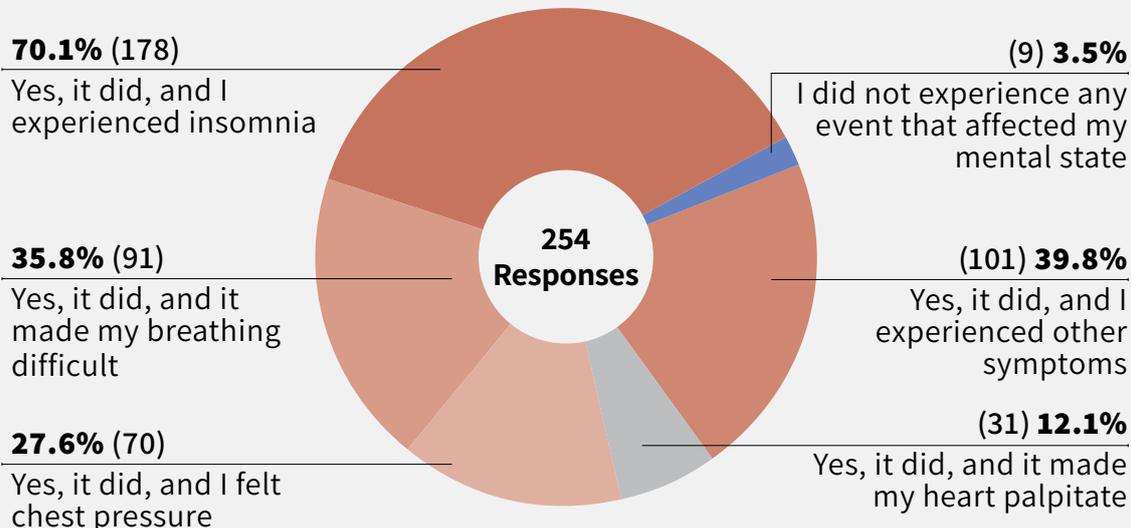


Even more, 47.2% of respondents encounter abusive situations at least once a week; 28.5% around once a month; and 20.7% practically every day. When asked the degree

to which offensive attitudes affect their ability to perform their job, 40.6% of survey respondents reported **quite a lot**; 57.8% reported **a lot**, 0.4% reported **moderately** and only 1.2% responded that they have not encountered any offensive attitudes.

According to survey findings, workers have experienced an incident while working in Israel that affected their mental state and caused the following symptoms: 70.1% of the respondents reported insomnia, 35.8% reported breathing difficulties, 27.6% reported chest pressure, 12.2% reported rapid pulse rate, 39.8% reported other symptoms, and only 3.5% said they had not experienced any incident that affected their mental state.

While you were working in Israel, did any event happen that affected your mental state and as a result you experienced one or more of the following symptoms? (You can mark more than one answer)

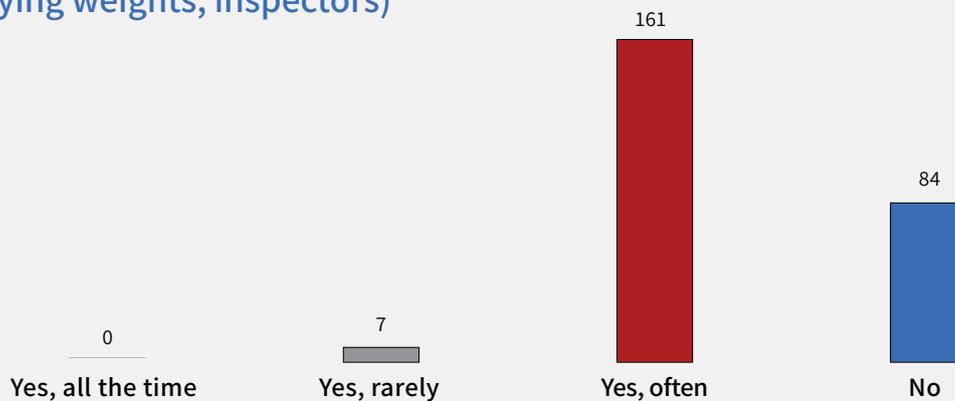


D. Work Culture That Disregards Safety

According to a representative of the Israel Institute for Occupational Safety and Hygiene, there is a clear need to instill a **“climate of safety”** in construction that promotes an organizational culture of safety which starts with the most senior level of management and flows down to the foreman. At present, construction workplaces are characterized by a systemic disregard for safety, which manifests in a lack of training and instruction, little use of protective equipment, and workers taking unnecessary risks.

Among survey respondents, 63.9% stated that safety procedures to protect their health at work are rarely followed in their workplaces (e.g., taking breaks, using protective gear, following restrictions on lifting heavy items, and having inspectors regularly on site to monitor safety), 33.3% answered that they do not follow safety rules at all, and only 2.8% answered that they often follow safety rules.

Do you follow clear rules of conduct at your workplace to protect workers' health? (e.g.: breaks, protective gear, restrictions on carrying weights, inspectors)



On the other hand, some focus group participants stated that there are supervisors who are concerned about safety issues at their place of work. **“If the foreman sees that there is no harness, helmet or glasses and sees the way he [a worker] uses the grinder without protective gear [...] or the supervisor sees that you are not doing these four things properly he will tell you “Yaetic Al-Aafia, go away, don’t come back to work.”** According to another worker, it’s different for each company. There are companies that are more careful than others, and there are companies that really do not care about safety. It also emerged in interviews that inspectors sometimes visit construction sites and insist that workers follow safety procedures.

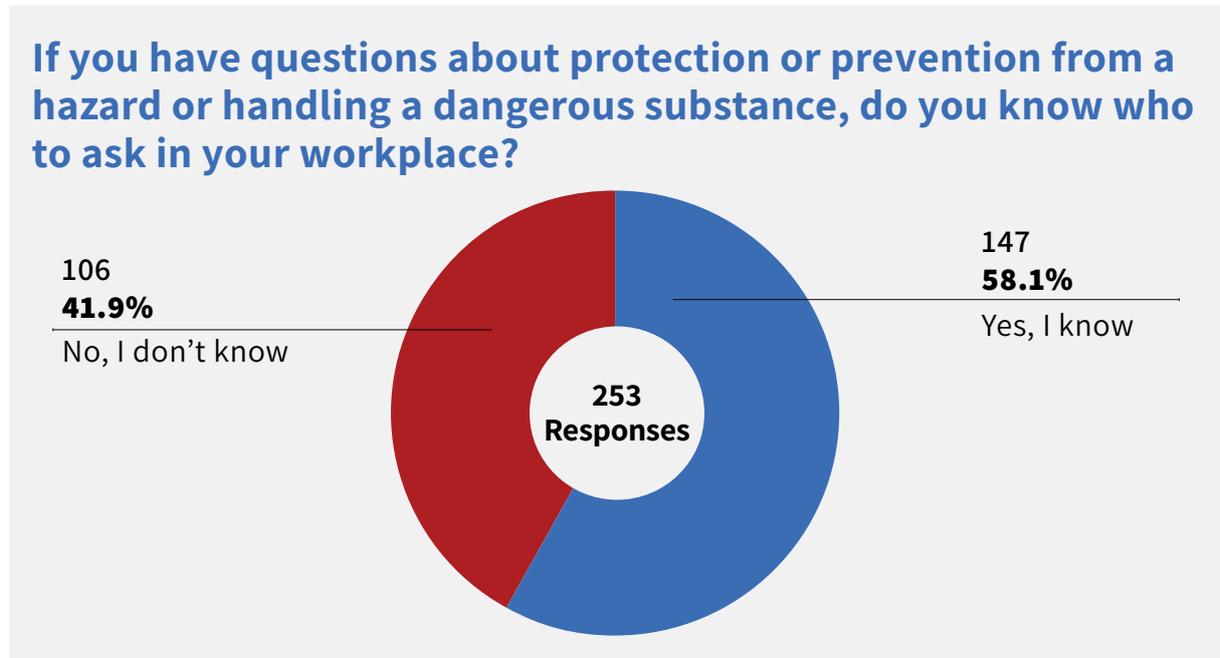
In the focus group, one worker said that his employer was fined ten thousand NIS only because the worker took off his helmet, and that the employer was very angry. On the other hand, other workers in the group reported that employers do not care about safety or dangerous situations, the main thing for them is that workers do the job.

Focus group participants were of the opinion that they are responsible for their own fate, that they themselves are the ones primarily responsible for ensuring that they do not get injured and are not negligent. A similar finding emerged in our interviews. Workers said that safety is first and foremost an issue that falls on the shoulders of the worker, and he is the one who needs to take care of himself. For example, **interviewee 1** stated **“There is no profession without risks, but one should take care of his health as much as possible. If the company or contractor you work with does not take care of you, you must take care of yourself.”**

The findings regarding professional guidance and regular training or instruction point to a more complex picture. More than half (55.8%) of survey respondents did not remember if they had been informed by their workplace about the possible effect

working in construction could have on their health, 28.3% were informed by an external party such as a doctor, the media, a friend or a relative, 14.3% had not been informed, and only 2% said this was discussed with them at their workplace.

More than half (58.1%) of survey respondents know who to contact if they have a question about how to protect themselves when handling hazardous substances, but 41.9% replied that they don't know who to contact or report to in such a case.



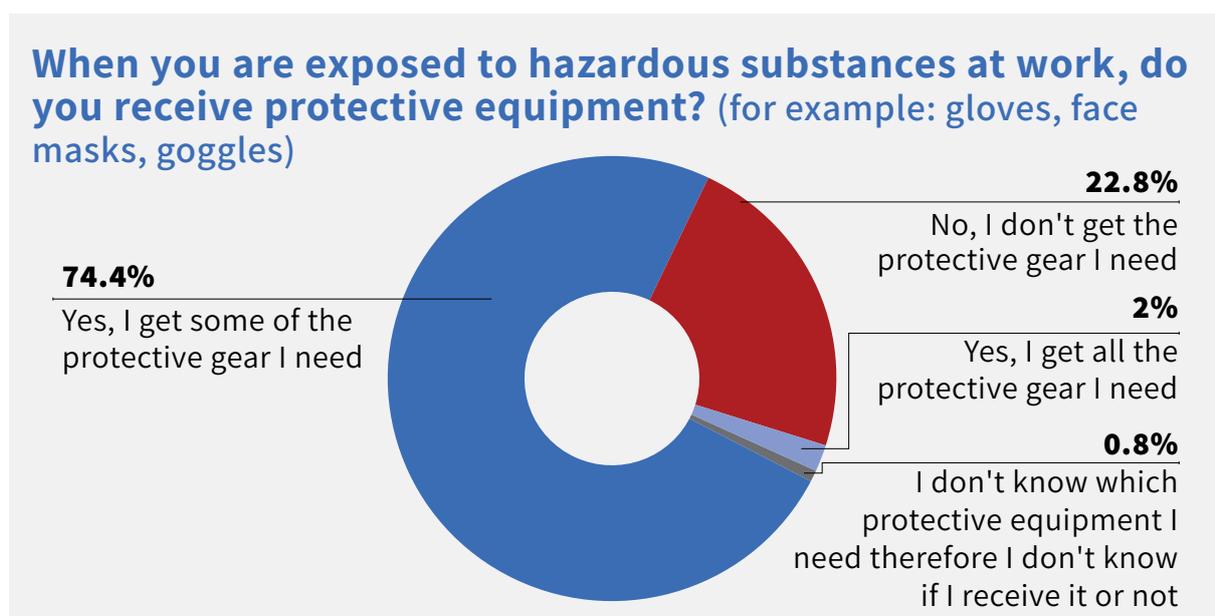
Another finding about safety training came to light during the focus group. Participants stated that all work sites require that they present a “working at height” certificate indicating that they have attended a “working at height” safety course. The certificate is valid for two years. In order to be hired, one must go through a full-day course that employers fund; however, employers do not pay workers for the training day. All focus group participants said they cannot enter a construction site without presenting this certificate. Respondents in the focus group had certificates from “Electra Construction,” but according to them there are other construction companies that offer the course, and it is open to everyone.

However, one of the workers said, **“there are workers who buy a fake certificate for 150 NIS, but when they check the certificate according to the permit, they find out that it is a fake certificate.”** One of the workers employed at a leading Israeli construction company said that he saw a foreman asking workers who did not take the course to immediately leave the site. One worker said that he underwent safety training in the new pilot project for Palestinian workers run by the Israeli Safety Administration. According to the Safety Administration, the new course instructs workers about working with paint and dust, using masks and other protective measures, and methods of communication while working. However, as of August

2022, results of the pilot have not yet been published, and its effectiveness in improving protection of workers' health and safety has not yet been researched.

Beyond poor training, **another stress factor is a lack of fairness in the workplace.** Environments where workers are not treated fairly and appropriately and face institutional barriers make it difficult to complete a job. In our interviews, **workers reported that they do not receive the required protective equipment.** There are regulations that mandate provision of personal protective equipment for various work hazards that pose a danger to a worker's hearing, eyes or face, respiratory tract etc. The employer or supervisor bears responsibility for keeping the equipment in good condition. Employers are also responsible for providing what is needed to clean and maintain personal protective equipment.

When survey respondents were asked whether they received the needed protective equipment for their work, 74.4% answered that they receive only some of the needed equipment, 22.8% answered that they do not receive any protective equipment at all, and only 2% answered that they receive all the necessary equipment.



From the interviews, it emerged that some workplaces provide safety gear while others require workers to equip themselves independently and pay out of pocket. **Interviewee 2** said, **“there were contractors who asked me to bring the safety equipment myself or else they will deduct the cost of a helmet, gloves or shoes from my salary.”** Interviewee 6 said that his employer did not provide him with protective equipment, and he had to request it again and again.

On the other hand, there were those who reported that they themselves do not comply with safety rules because they are not convenient. For example, **interviewee 1** said that he is not comfortable working with protective glasses or gloves because it affects the

quality of painting. One of the participants in the focus group said **“I worked with the pneumatic hammer on the ceiling of a room without glasses. When I got back home, I had to go to an ophthalmologist to remove gravel from my eyes which is 80 NIS per visit, in addition to ointments ... meaning that what I spent that day is the same as what I earned [...] after paying this two or three times, the glasses are now always on my head and with me.”**

According to our interviews with a former senior official at the **Safety Administration** and a representative of **the Institute for Occupational Safety and Hygiene**, the equipment provided to workers is not always very high quality and workers are not always told what equipment is needed for a specific task. They also noted the importance of offering guidance to workers about how to take care of their equipment—earplugs, for example, must be put in a bag, otherwise they break down and do not protect workers as well on the job.

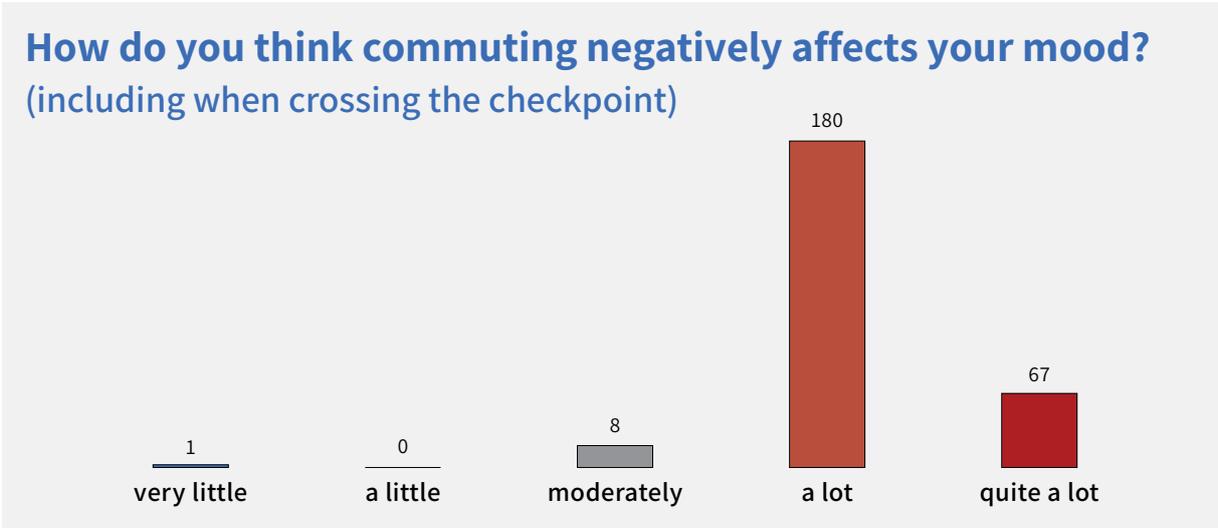
Information about the poor quality of protective gear provided by employers also emerged in our interviews with workers. For example, **interviewee 1** complained that the quality of the equipment he was given is not very high, and that he knows there is more advanced equipment to protect workers’ health, such as a vacuum sander, **“but there are still many contractors [...] who tell us to sand with our hands, which causes a lot of dust and that’s problematic [for our health].”** **Interviewee 6**, who worked for many years in home renovation, received a simple mask but he knows that workers in other companies receive masks with an air filter that protects against dust entering the lungs. Also, **interviewee 6** was seriously injured in the palm of his right hand while operating a grinder and had to undergo complex surgeries. Today, he is undergoing a long rehabilitation. The injury will probably leave him with a severe disability, and he will not be able to return to work in construction. He said, **“the grinder I was working with was without protective features and of poor quality, if it had had protective features, my injury would have been much less severe.”**

E. Passing Through Checkpoints—The Long Road to Work

The checkpoint crossings that workers must pass through every day to get to work in Israel are another stressor. **An occupational physician** we spoke to sees the lack of sleep resulting from workers getting up in the middle of the night to reach the checkpoint as well as checkpoint overcrowding as key mental health risks facing Palestinian construction workers. **An occupational psychologist** noted that the frequent delays at checkpoints make workers feel that they are being treated like criminals.

In the survey, 70.3% of respondents reported that traveling to work in Israel, including crossing a checkpoint, negatively affects their mood **a lot**, 26.2% said that entering Israel,

including going through a checkpoint, affects them **quite a lot** and only 3.1% said that entering Israel affects them to a moderate extent.



In interviews and the focus group, workers reported that entering Israel through a checkpoint is a central and important issue that worries them and affects their mental and physical health. Workers wake up at approximately three in the morning to reach the checkpoint by four in order to be the first to pass through it—otherwise, they may be stuck there for a long time. This is especially noticeable on Sundays, the first day of the work week, when all workers enter Israel, including those with overnight permits. Workers reported that if they do not pass through the checkpoint on time, they might even lose a whole workday, something they cannot afford. This is especially true for workers entering through the Tulkarem checkpoint from which there is no public transportation.

Workers reported being highly concerned about getting injured when passing through the checkpoints as some of them had witnessed workers getting hurt due to overcrowded conditions. **Interviewee 1**, who goes through checkpoint 300, stated that the sight of thousands of workers standing together at the checkpoint causes **“high blood pressure and the feeling that you are going to be squeezed due to overcrowding at the crossing.”** He added that there were days when he did not even go to work because of tremendous crowding at the checkpoint. **“There were times when I would see congestion at the crossing and leave or step away, I just couldn’t [...] many times I returned home and did not work because of crowding [at the checkpoint].”**

Interviewee 4 said **“I felt that my bones would break”** from the pressure and overcrowding at the Tarkumiya checkpoint. **Interviewee 5**, who also enters through the Tarkumiya checkpoint, said that even if he has a permit to enter Israel, he sometimes prefers to enter through a breach in the fence, because the road from there is shorter than entering Israel through the checkpoint.

In the focus group, one of the participants said that about an hour before the focus group meeting he saw a worker he knew sitting in a café, and he could see that he was thinking about something.

He asked him what was occupying him, and the worker replied, **“I am thinking about tomorrow, Sunday, and how I will get through the checkpoint.”** Focus group participants described their entry into Israel as **“another work shift”** and asked how a worker can be expected to be focused when he is forced to spend hours commuting to work in Israel during which he constantly feels under pressure to make it to the shuttle on time so that he doesn’t have to walk miles to the closest bus stop. The conditions of entry into Israel and the many hours workers are forced to spend crossing the border greatly affects their performance at work as well as their ability to concentrate and maintain composure. **“Sometimes it’s also fatigue. A person who woke up at three [in the morning] will unintentionally be negligent, out of tiredness”** said one of the focus group participants.

Although all interviewees as well as focus group participants stated that there have been improvements at checkpoints in recent years, but noted that there is still a great degree of overcrowding. Workers crossing at the Tulkarem checkpoint indicated that the reason for overcrowding there is the number of closed permit control stations—in their words “intentionally” closed in order to cause congestion and overcrowding. They stated that it greatly affects their workday and their ability to concentrate.

F. Long Hours on the Road and Prolonged Absences from Home

The many hours a Palestinian worker spends traveling to and from the workplace are not remunerated, but, in reality, extend the length of a workday. As a result, workers have less free time to have a normal personal or family life, which may lead to increased burnout. This is another significant stress factor and is important to consider within the category of psychosocial risks, which weaken the body’s immune system and may also lead to work accidents.

Almost all (98.4%) survey respondents said that it takes them between **two to four hours to arrive at their workplace** from the time they leave home.



The occupational psychologist we interviewed pointed out that burnout is an occupational disease among construction workers (as well as among doctors, teachers, etc.). A Palestinian

construction worker does not have enough time to recover from work so as to avoid mental health problems like stress and burnout. This topic has not been studied at all among Palestinian workers. As the occupational psychologist pointed out, even if a worker has mental health problems, until they have a breakdown, it will not be discovered, and many times it will be hidden in the community due to economic pressures and the necessity to work. The occupational psychologist also pointed out that feeling disconnected from one’s family is also an important factor negatively impacting Palestinian workers and contributing to exhaustion. The **Israel Institute for Occupational Safety and Hygiene expert** we interviewed also identified work-home conflict and prolonged absence from the family as psychosocial factors that impact construction workers and increase burnout at work.

For example, **interviewee 3**, who is 47 years old, has worked in Israel in the construction sector for 15 years, starting at age 12 and described feeling worn out, **“I feel that I have worked hard in my life.”** He linked the heart attack he had to mental stress stemming from his disappointment regarding the lack of appreciation he felt from his family members. He noted feeling that they did not value the hard work he did in order to support them and the fact that he had been forced to work in a demanding, manual labour job starting at age 12, or appreciate the lack of opportunities he had in life.

It also emerged in the focus group that pressure to meet family expectations has a psychological impact. One of the participants said that he was under pressure because **“everyone is on you—the family at home, and also [people] at work, [...] some days I go to sleep at six in the evening, I can’t get up.”** Workers in the focus group also shared feeling that they are not present in their family’s daily life. They hardly see their family except on weekends as they mainly sleep when they come home during the week, **“You can forget about family, family does not exist during the week and the whole burden is on the woman.”**

The survey brought up a similar result regarding family time: only 3.1% felt that they were present in the family’s day-to-day life, 33.3% felt that they were disconnected from their family, 63.1% stated that they missed their family. At the same time, respondents also noted positive aspects of their work: 91.4% feel that they support their family, and 84.3% feel that their family appreciates them.



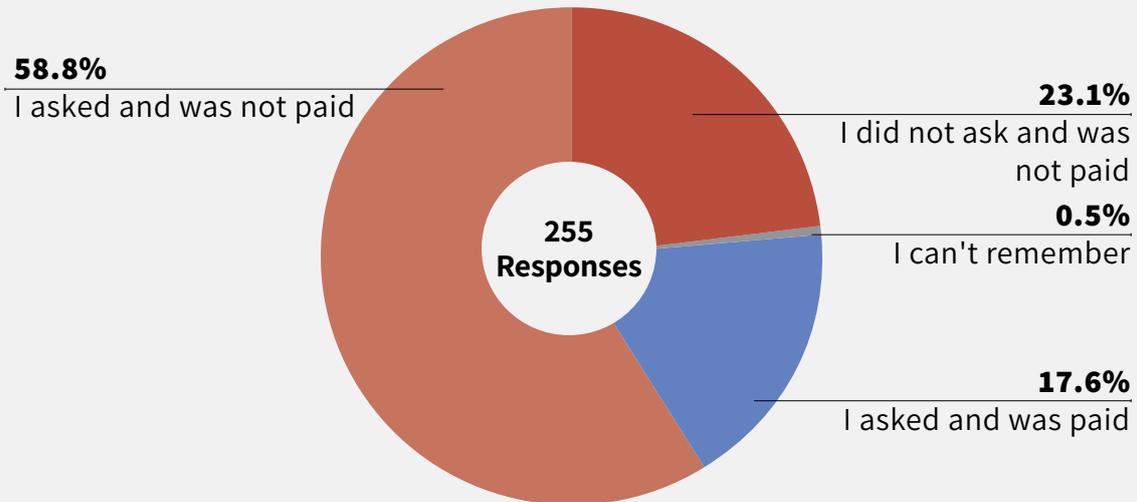
G. Lack of sick days

According to the expert we interviewed from the **Israel Institute for Occupational Safety and Hygiene**, burnout is also caused by a lack of sick and rest days. Despite awareness among Palestinian workers regarding their entitlement to sick days per Israeli law—97.2% of respondents knew about their sick leave benefits (see chart below)—the picture is actually more complex, and many workers do not take advantage of their sick days.



This issue particularly affects workers who buy their work permits. Interviews show that even if a worker is injured or does not feel well at work, he prefers to continue working for fear of losing payment for that day. Furthermore, survey findings show that even if workers request sick days, they are not always covered by the employer. According to the survey, 58.8% of respondents requested sick days but were not paid for them, compared to 17.6% who requested and received payment.

In the last year, have you asked your employer for sick day payment? And has he paid you?



According to regulations pertaining to the employment of Palestinian workers in the construction sector, when a worker resigns, is fired, or does not show up for work for 7 consecutive days, the employer holding his permit is required to cancel it by submitting a license cancellation request. Reasons for permit cancellation include a work accident, a prolonged illness or even a temporary incapacity to work. Thus, the **system, in a structured manner, encourages workers with a permit not to take advantage of their sick days for fear of losing their permit or being fired. And, they are also concerned about finding another employer within the 60 days allotted to them for identifying a new job before losing their permit.**

Thus, access to sick pay among Palestinian workers is very low¹⁶, as was reflected in our interviews as well. For example, **interviewee 2**, who underwent surgery for a hernia on the right side of his body caused by lifting heavy bags at work, had to return to work with stitches and a surgery incision that had not healed, **“I didn’t get proper rest days [after the surgery]. I had to go back to work almost immediately as the contractor threatened that he would replace me if I didn’t go back.”** The contractor he currently works for regularly refuses to give him sick days without him presenting a certificate of illness for which he would need to visit a doctor. Every visit to a doctor in the West Bank costs time and money, therefore he waives sick days and uses vacation days instead when he is not feeling well.

Interviewee 1 said that he suffers from a tendon injury in his right arm as a result of hard

¹⁶ Kav LaOved’s report, “Situation Report: Developments and reform in the employment conditions of Palestinians in Israel” April 2021.

work and long work hours. According to his doctor, the treatment for the injury is rest, but the interviewee cannot afford to rest as this would harm his salary and livelihood. He treats his arm with pain management injections.

Some of the interviewees shared their work accident experiences. They presented a difficult picture regarding their ability to use sick days not only for occupational diseases, but even for acute injuries at work. For example, **interviewee 5** described very difficult experiences in which he had to work while injured in order to complete the job and only then could seek medical treatment: **“Here’s a cut in my hand caused by a plaster knife, and here’s another cut [...] It happened at work. They stitched up the wounds, but first I had to put coffee on them and duct tape to continue my workday.”** In another incident two years ago, he injured his finger, put a bandage on it and returned to work. After five hours of working with a bandage he finally finished work and was able to go to the hospital where they cleaned his finger and sewed it up with 7 stitches. The next day he went to work, **“I was told that the area was sensitive, but I had to work”** he said.

Interviewee 4 only worked in construction in Israel for two years when he had to leave following a serious work accident requiring a long rehabilitation. But he decided not to file a claim against his employer, fearing the employer would prevent him from entering Israel in the future: **“I did not submit a claim to the National Insurance Institute [...] because I heard from several workers that if I do something against him [the employer], I will never get a permit [to enter Israel].”**

Interviewee 6, who pays brokerage fees for his permit and works with a contractor, reported that contractor abandoned him after a severe work accident in which a grinder severed his right hand and left him disabled. He had to undergo a major operation at Hadassah Hospital in Jerusalem and his employer, for whom he had worked for about 15 years, never even asked how he was doing. In the end he lent him money for the operation (20,000 NIS) and since then **“every day he calls to ask when Bituach Leumi [National Insurance Institute] will return the money to him.”** The same interviewee, however, cannot claim the full amount owed him from the National Insurance Institute because the fabricated payslips he received report only a low-wage, part-time job rather than his real salary and employment status.

H. Poor Access to Occupational Medicine Services in Israel and Barriers to Healthcare in the West Bank

A Palestinian construction worker is entitled to disability insurance from the Israeli National Insurance Institute (Bituach Leumi), which covers him in the event of a work accident. A 2019 administrative circular also extends occupational health services from the health maintenance organizations (Kupot Holim) to Palestinian workers, including

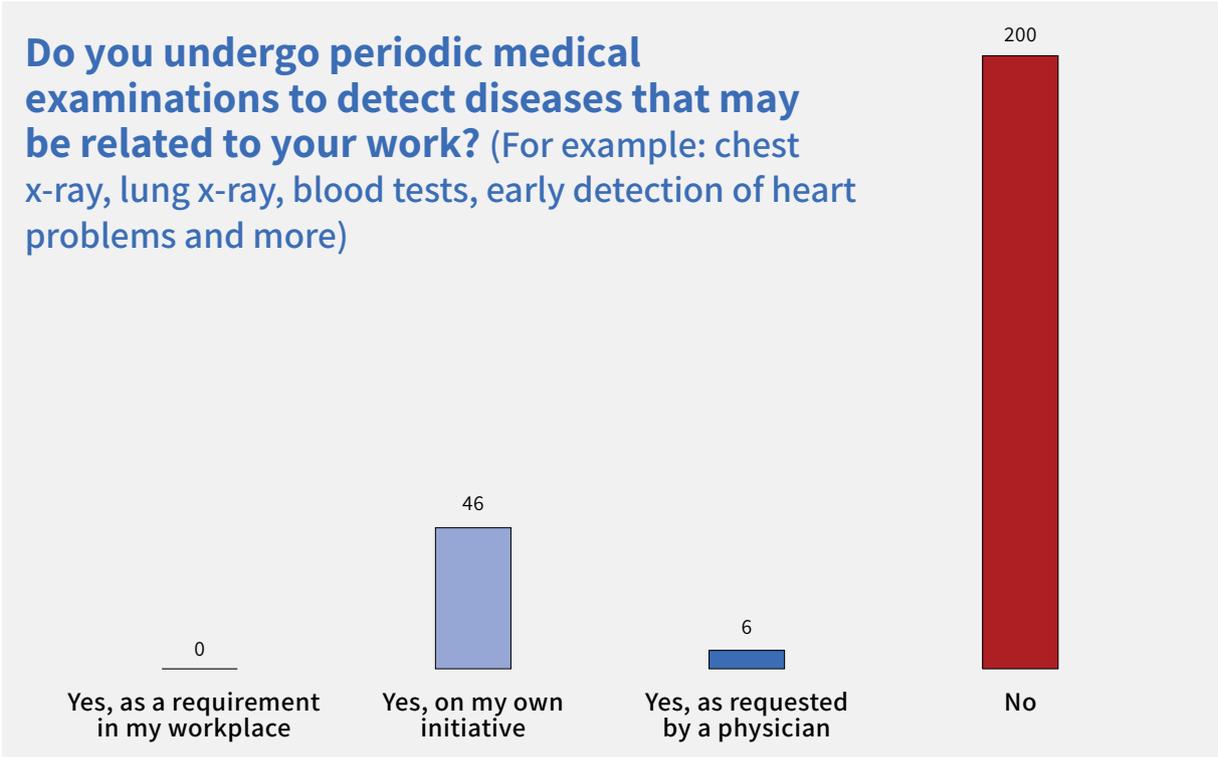
tests to assess for loss of work capacity. Like Israeli workers, Palestinian workers must be employed by an Israeli employer in order to consult with an occupational physician within the medical system. The problem for Palestinian workers, which does not exist for Israeli workers, is that an employer may cancel a worker's permit after a work accident, a prolonged illness, or a temporary loss of work capacity. Due to a lack of clarity in the regulations, some employers request a permit cancellation for illness or temporary loss of work capacity even when the worker has accrued sick days. Therefore, the window of opportunity for a Palestinian worker to apply for a consultation from an Israeli occupational physician regarding loss of work capacity is very small. This situation likely contributes to making many Palestinian workers feel they must continue working even when sick or injured, which makes their situation worse.

In addition, according to **the occupational physician** interviewed by KLO, health maintenance organizations make it difficult for workers who wish to use occupational health services if they do not have a medical file in Hebrew—this of course first requires that a worker is even aware that such services exist and that an occupational physician is willing to see the worker, neither of which is a given. Medical documentation from the West Bank is handwritten and in English and only provided after a worker is admitted to a hospital. Often, there is no reference to the occupational context of a worker's visit to the hospital, which is necessary in order to identify an occupational disease. In any case, those who go to a hospital usually only do so for a major health problem, assuming they have enough money to pay for the visit. In other words, it is very difficult for Palestinian workers to be preventative and mitigate or avoid damage to their health.

A significant risk factor reported by survey respondents, interviewees and focus group participants is a lack of timely treatment and medical follow-up. There are various reasons for this connected to the way medical systems in the West Bank and Israel are set up and the employment model for Palestinian workers in Israel. Financial issues are central in a workers' decision whether or not to go to the doctor. Interviewees reported that they must pay for every medical examination in the Palestinian healthcare system. **Interviewee 2** said that his employer asks for certificates of illness to give him a sick day, but he doesn't want to ask a doctor for it because it costs money, so he gives up in advance. It also emerged from the interviews that there is little medical follow-up in the Palestinian Authority. Doctors are not regularly in contact with their patients and treatment is only offered when needed¹⁷. Another key consideration in deciding whether or not to go to a doctor is time. Weekends are dedicated to the needs of the family, who the worker didn't see during the week, and to errands. Thus, workers do not have time to take care of themselves. **Interviewee 1** said **“It's important to do periodic checks of course, but we don't do enough for ourselves.”**

17 Translator's note: Meaning there's not preventative care.

Interviews also revealed that if a worker needs surgery or serious medical treatment, they go to a private hospital in the Palestinian Authority and not to government hospitals because of the quality of care they will receive at the latter and the wait times. Interviewees 2 and 3 preferred to have surgeries in private Palestinian hospitals at a cost of thousands of shekels. Interviewee 3 said that after his heart attack, he did the needed cardiac treatment in a private hospital at a cost of NIS 30,000. Fortunately for him, he was able to obtain a discount from the Palestinian Authority through connections. Interviewee 2 had surgery for a hernia at a private hospital and paid NIS 2,500 out of pocket.



Survey findings paint a similar picture: 79.4% respondents do **not** undergo periodic medical examinations (e.g., chest x-ray, lung x-ray, blood tests, early detection of heart problems, etc.) to identify occupational diseases.

Recommendations:

The information collected as part of this report presents a troubling picture that requires intervention on several levels, including better regulation, awareness raising among workers and employers, implementation of existing policies that are stalled, and policy review by the government—namely the Ministry of Health, the Safety Administration, and the Population and Immigration Authority. All this is necessary to prevent further damage to the health of Palestinian workers in the construction sector. Each one of the recommendations below stands on its own. Given the political climate and the number

of election cycles in recent years, however, a general and comprehensive treatment of the issue remains unlikely at the present time.

1. Hygiene and Awareness

- **Cooperation with the Palestinian Ministry of Labor to promote occupational health.** Despite regulations allowing Palestinian workers to receive occupational medicine services in Israel, in practice workers hardly ever take advantage of the opportunity. Even when they do access such services, there is no connection between the medical information collected by the Palestinian health services and the information found in Israeli institutions (occupational physicians, National Insurance Institute (Bituach Leumi), or employers). The Safety and Health Administration should invest resources in early detection and prevention of disease as well as awareness raising about occupational safety and health among workers and employers to prevent harm to workers. Also, information about occupational health must be collected in the West Bank and the interface between both the Israeli Ministry of Health as well as the Safety Administration with the Palestinian Ministry of Labor must be improved. Likewise, awareness raising efforts on occupational health for workers in the Palestinian Authority should be considered, such as dissemination of information through social media, educational videos displayed at checkpoints for workers passing through and billboards.
- **Extensive training at construction sites.** To create a climate of safety, the Safety and Health Administration and the Israel Institute for Occupational Safety and Hygiene must also train foremen. Training materials should be adapted to the population of workers for which they are intended and to the unique aspects of the employment model of Palestinian workers that affect their occupational health. Worker training must also cover occupational health issues, risk factors, as well as protective equipment and its maintenance.
- **Improve machinery and modernize construction sites.** The Safety Administration, the Standards Institution of Israel, and the Ministry of Transport must act to improve the equipment and, in general, modernize the construction sector, which in part still works with outdated and unsafe technology, which does not meet modern day international standards for construction work. Accordingly, the Safety Administration and the Institute for Occupational Safety and Hygiene must provide training for managers and workers on using new protective gear, its limitations, and the way it should be maintained.
- **Improve checkpoint crossings and getting to work.** Given the checkpoint system through which workers enter Israel, the Ministry of Transportation should provide

regular, scheduled public transportation for workers coming through the checkpoints at relevant times of the day. This would help reduce the pressure to get through the checkpoint among Palestinian workers who now have to rely solely on contractors' transportation. Also, more permit control stations should be opened in the early morning hours to help reduce crowding and shorten the long lines that pressure Palestinian workers and cause both mental distress and physical injury.

2. Occupational Health Monitoring and Treatment

- **Improve monitoring.** Cooperation between supervisors at the Occupational Safety and Health Administration and instructors at the Institute for Occupational Safety and Hygiene is currently managed informally and does not happen frequently enough on matters of occupational health and hygiene. Supervisors and instructors must: receive more in-depth training on occupational health and the various groups of risk factors; be familiar with occupational health legal requirements (e.g., training for all workers, provision of protective equipment, protection against harmful risks, permissible decibel levels, etc.); and receive equipment that enables monitoring, if they don't have it yet. Joint enforcement and prevention activities with instructors from the Institute for Occupational Safety and Hygiene and inspectors from the Safety Administration, and trainings on hygiene and health hazards at work, will help improve supervisory activity.
- **Periodic medical examinations for construction workers paid for by employers.** Medical neglect causes a chain of problems that get worse over time and burden workers, their families and employers. As workers do not have time for medical care or tests, and many are reluctant to ask for them due to the financial cost of routine tests in the Palestinian Authority, a proposal was made that the Ministry of Health organize a mobile testing van that would visit workplaces and perform basic tests, such as vision and hearing, while maintaining the privacy of workers and guaranteeing medical confidentiality.
- **Issue clarifications to employers and workers about a worker's right to use sick days and keep his permit.** As stated by many workers with whom we spoke, and as emerged from surveys, workers avoid using their right to sick days and rest, even when they work with a legal work permit. Workers fear revocation of their permit, which means they do not exercise their right to consult an Israeli occupational physician. Today's permit cancellation regulations state that an illness, accident, or temporary loss of work capacity may be grounds for canceling a work permit, without clarifying a worker's right to use accrued sick days. The Population and Immigration Authority must publish an official explanation stating that workers should not be fired, and work permits should not be cancelled, when a worker uses accrued sick days to which he is legally entitled.

- **Reserve appointments with occupational physicians in Israel for Palestinian workers.** Health maintenance organizations have a budget for carrying out occupational tests for Palestinian workers. The Safety at Work Regulations require examination by an occupational physician before starting work in some situations and periodic examinations when working with hazardous substances. However, these regulations do not mandate that workers be examined for loss of work capacity and such exams are only given at a worker's request. When workers want to take advantage of this option and make an appointment with an occupational physician, they find it hard to exercise their right to do so. There is a shortage of occupational physicians in Israel so wait times for getting an appointment are long and physicians have little availability. For Palestinian workers, this situation is even more problematic because loss of work capacity, even if it is temporary, for more than 7 days may lead to the cancellation of their permit. Therefore, even if a Palestinian construction worker manages to arrange an appointment with an occupational physician in Israel, his work permit might have already been revoked by the time his turn comes. Health maintenance organizations should be required to reserve appointments for occupational tests for workers to enable more efficient use of the service.
- **Regional network of occupational physicians.** Resources must be allocated for the establishment of a nationwide occupational health team within the framework of the National Authority for Occupational Safety, when this entity is established. At present, there is a position for a head occupational physician within the Occupational Safety and Health Administration, a position that has not been filled for three years (until recently). There is also a position for an occupational physician within the northern district, but this is not currently staffed by an occupational physician. Instead, occupational physician positions must be established in all regions, in addition to a head occupational physician. Occupational health issues have been neglected for a long time by the Occupational Safety and Health Administration, and although training for their supervisors includes a short module on health issues, in practice agency workers have no real understanding of hygiene and risk prevention. In general, the field of occupational health should be better developed.

3. Enforcement and Deterrence

- **Use of existing sanctions.** At present, Safety Administration inspectors do not deal with occupational health and do not issue safety orders when risk factors are identified at construction sites. The main emphasis is on work accidents and protective equipment related to work accidents (helmet, harness etc.). The Safety and Health Administration must ensure the enforcement of all safety regulations related to occupational health and make use of the sanctions that also exist for occupational health matters, such as issuing safety orders, imposing legal sanctions to enforce the 2011 labor law requirements, and criminal sanctions in extreme cases of negligence.

- **Allow complaints to be filed both anonymously and in person.** Many workers fear sanctions for filing a complaint about a dangerous situation or exposure to risk. Reporting safety hazards or risk factors on construction sites can be done today by contacting the Safety Administration by email or by phone, or through the hotline of the Israel Institute for Occupational Safety and Hygiene, which operates in Arabic and Russian. However, it seems that anonymous written complaints can only be submitted in Hebrew, and there is no option to submit anonymous written complaints in other languages regarding life-threatening situations. In addition, a mechanism for filing complaints in person should be introduced to allay concerns Palestinian workers have around digital surveillance when submitting complaints online.
- **Abolishing brokerage fees and guaranteeing the ability to change employers.** As stated in previous Kav LaOved reports, action must be taken to make information about employers accessible to Palestinian workers and enable them to find a new employer without having to use intermediaries and pay brokerage fees. To accomplish this, it is necessary to promote the 2016 recommendations of the inter-ministerial team who worked on this issue. Changes should include: improve mechanisms for providing workers employed across all sectors with relevant information about the process of changing employers; publicize free permit quotas; create an online platform for managing wait lists or updates on work application processing; and hold job fairs.
- **Establishment of an Occupational Safety and Health National Authority.** The recommendations of the 2014 Adam Committee should be implemented, including the establishment of a National Authority for Safety and Hygiene. As of today, the existing disconnect between various relevant bodies, and especially between the regulator responsible for supervision, **The Safety and Health Administration**, and the entity responsible for research, training and prevention, **the Israel Institute for Occupational Safety and Hygiene**, harms the field. There is also insufficient regulation in the fields of hygiene, developing worker skills, instruction, data collection, registration of occupational diseases, research, etc. Inspectors also do not deal with hygiene and occupational health issues. Therefore, the government must pass necessary regulations to establish a national authority tasked with promoting the issue of occupational health and hygiene and ensure that it receives higher national priority, including allocating a budget for it in the next government.

27.11.2022

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